



Express Mail Label No. EV770037046US

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PATENT

Attorney Docket No.: 16CT03014

18W

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Masatake Nukui et al. :  
Serial No.: 10/825,526 : Art Unit: 2882  
Filed: April 15, 2004 : Examiner: Kao, Chih Cheng G.  
For: X-RAY CT SYSTEM AND :  
BEAM-HARDENING POST- :  
PROCESSING METHOD :

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:  
Response To Ex Parte Quayle (10 pgs.), in response to Office Action dated December 19, 2005, and pursuant to *Ex Parte Quayle*, 1935 C.D. 11, 1435 O.G. 213  
Two (2) Sheets of Annotated Marked-Up Drawings  
Two (2) Sheets of Replacement Sheets of Formal Drawings  
Transmittal Form (3 pgs.), in duplicate  
Return Post Card

STATUS

- Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No. EV770037046US  
Date: February 21, 2006

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Patrick W. Rasche, Reg. No. 37,916

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response<br>within: | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ first month                 | \$ 120.00                      | \$ 60.00                            |
| _____ second month                | \$ 450.00                      | \$ 225.00                           |
| _____ third month                 | \$ 1,020.00                    | \$ 510.00                           |
| _____ fourth month                | \$1,590.00                     | \$ 795.00                           |
| _____ fifth month                 | \$2,160.00                     | \$1,080.00                          |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid  
therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months  
of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this  
conditional petition is being made to provide for the possibility that  
applicant has inadvertently overlooked the need for a petition for extension  
of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)                                    |  | (Col. 2)                              |  | (Col. 3)         | SMALL ENTITY               | OTHER THAN SMALL ENTITY |                            |
|---|--|---------------------------------------|--|------------------|----------------------------|-------------------------|----------------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR |  | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE     | OR                      | ADDITIONAL<br>RATE FEE     |
| TOTAL<br>INDEP.                             |  | MINUS                                 |  | =                | x \$25.00 = \$             |                         | x \$50.00 = \$             |
|   |  | MINUS                                 |  | =                | x \$100.00 = \$            |                         | x \$200.00 = \$            |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |  |                                       |  |                  | + \$180.00 = \$            |                         | + \$360.00 = \$            |
|   |  |                                       |  |                  | TOTAL ADDITIONAL<br>FEE \$ | OR                      | TOTAL ADDITIONAL<br>FEE \$ |

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

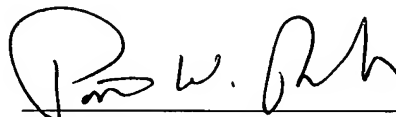
5. Attached is a check in the sum of \$ \_\_\_\_\_
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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